Historic, Archive Document

Do not assume content reflects current scientific knowledge, policies, or practices.

LIBRARY
CURRENT SERIAL RECORD
DEC 28 1960

NUTRITION COMMITTEE NEWS

For exchange of information on nutrition education and school lunch activities

U. S. DEPARTMENT OF AGRICULTURE, Washington, D. C.

SEPTEMBER-OCTOBER 1960

NUTRITION EDUCATION AND SCHOOL LUNCH PROGRAMS ABROAD

Mary M. Hill, Nutritionist, Institute of Home Economics

Social, economic, and cultural conditions in the community influence the direction nutrition education will take. In some parts of the world, the available foods do not provide enough of the necessary nutrients to insure high levels of health for all. In these areas, nutrition education must include a means of helping people obtain an adequate supply of important foods, and ways of using these foods in family diets.

Even in countries where the food supply is relatively abundant, some persons do not select a good diet because knowledge or funds are limited. Here the emphasis needs to be on food selection and wise spending of food money.

In many parts of the world, school feeding programs have proved one way to help children and their parents improve eating habits when changes are needed.

In this issue of NCN, we include: A description of nutrition programs initiated in Orissa, India (p. 1) and Denmark (p. 2); a comparative report of school lunch programs in several countries (p. 3); and a summary of the 1960 meeting of nutrition committee members which included a symposium on nutrition and related problems of migratory families in the United States (p. 4).

INDIA (ORISSA)

For some years, India has been assisted in training personnel for programs designed to improve the nutrition of its people. More recently, the Indian Government has seen a need for a comprehensive nutrition program adapted to the problems of towns and villages. The Government has requested help in providing trained personnel and equipment for communities in some States of the country.

Food and Agriculture Organization (FAO), the World Health Organization (WHO), United Nations International Children's Educational Fund (UNICEF), and the Indian Government agreed to sponsor a 2-year program (begun in 1959) in the State of Orissa. This program would include 80 villages the first year, and 240 villages the next year. At the end of 2 years, a decision concerning continuance of assistance would be made.

Objectives

The overall objective was to help the people in each community develop local leadership for activities which would result in the production of an adequate food supply and a willingness to include the necessary variety of foods in family diets.

A program was planned to include the following specific objectives: (1) To increase village, school, and home production of nutritionally valuable foods such as poultry, eggs, fish, fruit, and vegetables. (2) To provide the people with nutrition education through activities in schools, mothers' clubs, health service programs, community development groups, and extension service programs. (3) To improve the nutritional health of needy, pregnant and nursing women, and young children, by distributing to them part of the village supplies produced. (4) To train local personnel for the various activities required to accomplish these objectives.

Activities To Increase Food Supply

Poultry development.—Incubators, brooders, chickens, feed, and hatching eggs were provided free of cost to establish a poultry industry within the villages. Local workers were hired and trained to carry on the work. Pullets, feed, and technical advice were also made available to individuals.

Fish culture.—Village ponds were stocked with fish, and the necessary equipment and technical advice provided. After a year, fish were available for sale or free distribution and local workers were being trained to continue the fish culture after the project was completed.

School gardens.—Land for school gardens was made available free of cost as were seeds, saplings, equipment, and technical help. Students, under the supervision of staff members, tended the gardens as a part of school activities. The bulk of the fruit and produce was used in the mid-morning meals served in the schools. During vacations, the gardens were tended by volunteers from the villages. Seeds were also made available for family vegetable gardens.

Nutrition Education

Programs in community organizations included instruction and materials designed to promote the inclusion of locally available foods in family diets. Needy families with preschool children and expectant and nursing mothers received free eggs, fish, and poultry, which were distributed by the Mahila Samitis (women's organizations). School children were encouraged, through classroom activities and school feeding programs, to eat the available foods.

Training of personnel.—School teachers, home economics extension workers, doctors, nurses, and social education organizers were trained to participate in the program.

Local people were also selected and trained for supervisory work in animal husbandry, farming, fish culture, home economics, and nutrition education.

Progress

A formal report of progress in Orissa has not yet been released. Encouraging results have prompted the sponsoring organizations to initiate similar programs in Andhra Pradesh, another State in India, and in the following countries:

Chile	Uganda
Guatemala	Ecuador
Libya	Ethiopia
Mexico	Paraguay
Tunisia	Brazil
Turkey	Costa Rica
Italy	

Projects of similar nature are planned to begin in at least 15 other countries in 1961.

DENMARK

Nutrition—A National Problem

Although Danish food supplies had returned to prewar levels by 1950, statistics since that time have shown a tendency toward an increasing consumption of sweets and fats and a decreasing consumption of milk, eggs, fish, fruit, and vegetables.

Nutritionists in Denmark have viewed the situation with some alarm. Even though margarine and flour were enriched with vitamins and minerals, care in the selection of food is still needed to obtain adequate nutrition, particularly among growing children and families with limited food budgets.

The problem was confirmed by dietary surveys made by the Danish home economics organizations. Results of a survey of breakfast habits of about 1,100 school children in 1957, revealed breakfast to be a neglected meal in many families.

Observations by teachers of the content of children's lunch boxes revealed that children had little other than cookies, white bread with sweet spreads, and chocolate for lunch. Thus, the noon meal also fell short nutritionally for many children.

Food habit studies indicated that the increasing sugar consumption seemed to be partly due to an increased intake of sweet snacks. School dentists reported increased caries.

What Could Be Done? By Whom?

The Danish Home Economics Council has responsibility for interpreting the science of nutrition to the people. Members of the council recognized that parents are often not fully aware of the positive relationship between food and growth, and often need to be convinced that improved nutrition results from selecting foods wisely, rather than spending more money for food.

To reach parents more easily, it was decided to work through the teachers of young children. Therefore, in 1957, the council, in cooperation with the Hygiene Committee of the Danish Dental Association, held courses in nutrition for about 600 kindergarten teachers who worked primarily with children whose parents were both employed outside the home. This was followed by lectures to parents of these kindergarten children. A food manual for child feeding was developed and distributed.

Kindergarten teachers reported improved lunches brought from home, less candy eaten in school, and evidence of interest in the food manual on the part of parents.

Campaign for Better Nutrition Organized

In 1958, the Danish Home Economics Council, the Hygiene Committee of the Danish Dental Association, and the Danish Medical Association met to organize a campaign for the purpose of alerting the people to the problems of child nutrition and to suggest means for improvement where changes were needed.

This national campaign lasted 1 month. Some 400 meetings were held over the country. The largest meeting had 800 participants; the average meeting, about 80. Local home economics and women's organizations, school authorities, parents' clubs, and others arranged meetings.

The medical and dental groups worked out the basic lecture manuscripts. The dental association furnished slides to illustrate the dental lectures. Doctors, dentists, and school consultants delivered the lectures.

Parents were advised of the advantages of a varied diet, especially for children, in securing good nutrition. Attention was given to the increasing consumption of fats and sweets in preference to foods that contain other important nutrients along with calories. The relationship of nutrition to formation and maintenance of healthy teeth and the importance of dental hygiene in the prevention of caries were stressed.

Many meetings were followed by demonstrations on how to feed children of different ages. At other meetings, nutrition exhibits were a popular and informative feature.

The home economics council developed educational materials helpful to local groups in conducting meetings. Lists of available films and slides, suggestions for nutrition exhibits, sample press releases, and suggestions for suitable flannel board materials were made available.

The cooperation of radio, television, and the press was enlisted. Publicity and informative presentations before, during, and after the campaign proved helpful in reaching many persons who otherwise would not have participated.

Outcome of the Campaign

Child feeding problems were discussed for the first time in many local groups. Schools began to give consideration to nutrition in both the school kitchens and in the classrooms.

Steps were taken to curtail the consumption of excess sweets. In some schools, children were encouraged to spend money previously spent on candy for fruit parties.

The regular school medical examination now includes an investigation of the child's dietary habits.

The basic idea of the campaign was to create awareness of the nutritional needs of children and to provide some simple suggestions for meeting these needs. Those concerned felt this objective had been accomplished.

Plans for Future Action

The initiators of the program were fully aware that lasting changes in food habits are gradual. Parents will have to be reminded by any means possible of the nutritional needs of children and advised how best to meet these needs.

The continued and increasing interest and cooperation of dentists and doctors has been encouraging.

Reference

The campaign for better child nutrition. Danish Government, Council of Home Economics, Amager Faelledvej 56, Copenhagen, Denmark.

SCHOOL LUNCH AROUND THE WORLD

The 1960 meeting of the World Confederation of Organizations of the Teaching Profession (WCOTP) had as its theme "Child Health and the School."

In preparation for this meeting, questionnaires were sent to member organizations so that survey materials would be available to participants. A synthesis of the responses was prepared by Miss Elsa Schneider, Office of Education, Department of Health, Education, and Welfare. One of the areas explored was school feeding. This report contains some interesting information concerning school lunch programs here and abroad.

Children served.—The percentage of children participating in reported school lunch programs follows: Belgium, 70 percent in secondary school, less in primary school; England, 50 percent; Italy, 33 percent; Japan, 64 percent in primary school, 10 percent in middle school; North Ireland, 50 percent; Panama, a large percentage; Scotland, 33 percent; Sweden, 70 percent; United States, 33 percent; Yugoslavia, nearly all.

Financing.—School lunch programs are financed in a variety of ways. Some get extensive National Government grants (England, Wales, North Ireland, Panama, Scotland, Sweden); others get partial assistance from the National Government (U.S.), while still others are financed locally (Italy). In most countries, children pay a reasonable price for their meal but children who cannot afford to pay are fed free.

School gardens.—Except in agricultural areas, few schools attempt to raise produce in school gardens for the feeding program. In Yugoslavia, an effort is made to acquaint children with a wider variety of important foods by having them grow and prepare foods unfamiliar to them.

Menus.—In every nation reporting, an attempt is made to serve nutritionally balanced, attractive meals based on the eating habits and staples of the country. For example, in many European countries, the staple is potatoes. In Asian countries, it is rice. Menus are planned using these staples supplemented with foods to make an adequate lunch.

Effect on eating habits of children and parents.—There is evidence that school meals have helped children and parents learn to eat nutritious foods not ordinarily included in the family diet. National consumption reports of

several countries show increased use of certain products, such as bread in Japan, and milk in Italy.

Nutrition Committee Members Consider Problems of Migrant Children

Nutrition committee members from 19 States and representatives of ICNESL held a breakfast meeting on Tuesday, June 28, at the time of the 1960 American Home Economics Association's annual meeting in Denver, Colorado. A symposium on the problems of migratory children was presented to the 82 persons in attendance.

Mrs. Joyce Clay, Home Economist, School Lunch Division, Colorado State Department of Education, and her committee were responsible for local arrangements. Dr. Ferne Bowman, Head, Foods and Nutrition, Colorado State University, presided. Miss Doris Odle, Dietitian, and Dr. Berenice Mallory, Office of Education, Department of Health, Education, and Welfare, served as recorders.

Participants in the symposium included: Dr. Alfred Potts (leader), Migrant Research Project, Colorado State Department of Education; Mr. Charles W. Lilley, Director, School Lunch Division, Colorado State Department of Education; Mrs. Mary Graber, Public Health Nurse, Colorado State Department of Health; and Mr. Lynn Gulmon, Principal, Liberty Elementary School, Rocky Ford, Colorado.

Highlights of the Symposium

The speakers described the nutrition and related problems of migrant families in Colorado with particular emphasis on the plight of the children. Contributors to the symposium also indicated how their agencies attempted to meet the needs of migrant families.

Who are migrant children?—The children of harvest workers move with their parents from place to place as crops mature. They include Spanish-Americans, American Indians, Negroes, Puerto Ricans, and so-called "Anglos."

What are their problems?—Because migrant workers move frequently, they have only such household goods as they can carry with them.

Houses in migrant camps often do not have electricity, running water, a means of refrigeration or adequate food storage. Mothers work in the fields and have little time or energy for food preparation. This situation is complicated in many instances by limited facilities and utensils, cultural eating patterns, and an available food supply comprised largely of unfamiliar foods. The resulting restricted diets are often prepared under questionable sanitary conditions.

Children generally are retarded educationally. They miss many school sessions while traveling and they have limited language facility. Furthermore, they are not in one school long enough to adjust and progress normally. Retardation is often from 2 to 3 years compared with children of the same age in other environments.

What is being done in Colorado?—Public health nurses work with families in migrant camps. Their work is complicated by limited understanding of English on the part of many parents and the short time families reside in any one area. Nurses recognize how little they can expect to accomplish; therefore, they stress one food—milk. Parents are encouraged to include milk in family diets. Nurses demonstrate the use of dry milk.

The school lunch program and the special milk program help these children learn to accept unfamiliar foods and to drink milk.

School lunch workers in Colorado have found that many children will accept unfamiliar foods and new dishes if their teacher encourages them to do so. This does not mean that children generally learn to eat an unfamiliar food in the 6 weeks they may be in a school. If or when these children return, many have to be retaught.

In 1960, *Colorado conducted summer sessions* in six schools to help migrant children make up school sessions.

What is needed to improve services?—Suggestions made were:

1. A team approach to problems is needed with all concerned agencies working toward cooperatively determined objectives.

2. Elementary teachers need nutrition education. This should include an understanding of different cultures and of the importance of preparing children to live in a multicultural world.

3. Simple visual materials are needed to help children and functionally illiterate parents learn what foods should be included in family diets.

Evaluation and Suggestions

Participants were asked to rate the meeting and to make suggestions for the 1961 meeting. Of the 50 percent who responded, about 9 out of 10 considered the 1960 meeting either good or excellent.

The suggestions for the next meeting will be referred to the planning committee for consideration when decisions on the structure and content of the 1961 meeting are made.

Institute of Home Economics, Agricultural Research Service, U. S. Department of Agriculture, in consultation with the Interagency Committee on Nutrition Education and School Lunch. (The printing of this publication has been approved by the Bureau of the Budget, May 22, 1958.)